


Return Receipt (Form 3811) Barcode		COMPLETE THIS SECTION ON DELIVERY	
 9540 9266 4404 2159 6265 35		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address X <i>De C. R. 8</i>	
		B. Received by (Printed Name) <i>J. Doe</i> C. Date of Delivery <i>4/7/20</i>	
1. Article Addressed to: 20CV200826 XXXXXXXXXX 15524 DON ROBERTO RD VICTORVILLE <i>Victorville, CA</i> CA 92394 <i>Verified Complaint, etc.</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Certified Mail (Form 3800) Article Number 9424 7266 4404 2159 6265 32		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery Reference Information <div style="border: 1px solid black; padding: 5px; display: inline-block;">ENTERED</div>	

PS Form 3811, Facsimile, July 2015 Domestic Return Receipt

